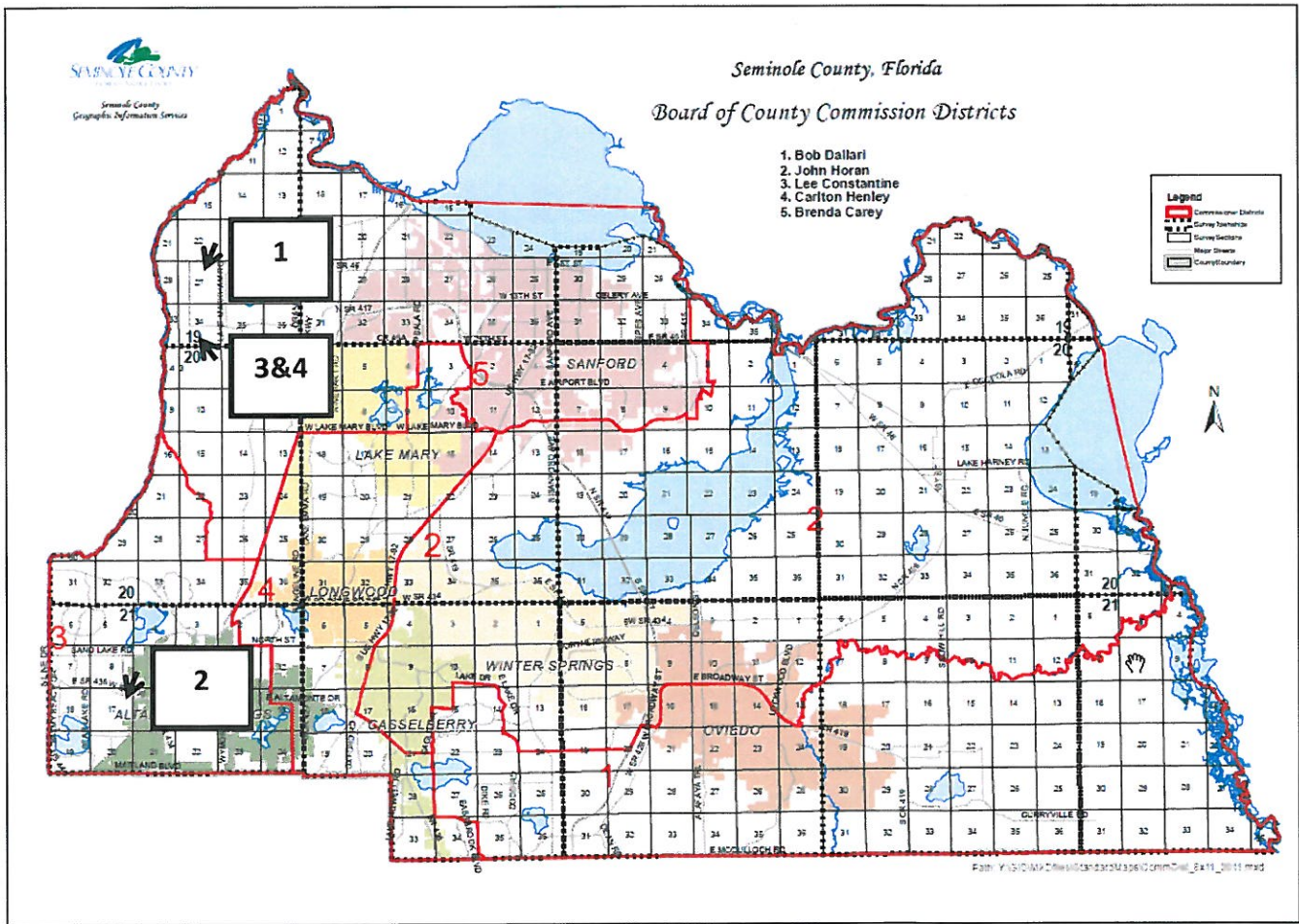


SEMINOLE COUNTY GOVERNMENT

1101 EAST FIRST STREET
SANFORD, FLORIDA 32771
(407) 665-7331

www.seminolecountyfl.gov

To: Applicants, Staff and Interested Parties
From: Economic and Community Development Services, Planning & Development Division
Subject: DEVELOPMENT REVIEW COMMITTEE MEETING FOR **WEDNESDAY 4/24/13**



County staff and applicants will review the following items on the above date at the time scheduled below. The meeting will be held in **Room #3024** on the third floor of the County Services Building.

ITEM NO: 1	DR - SUBDIVISIONS	PROJ NO	13-05500009	TIME	9:00 AM
PROJECT NAME	SAVTA RESERVE PSP	PROJECT MANAGER	DENNY GIBBS (407) 665-7387		
APPLICANT	RCE CONSULTANTS	LARRY POLINER, P.E.	(407) 452-8633		
PROJECT DESC	PRELIMINARY SUBDIVISION APPROVAL FOR A 6 LOT SUBDIVISION LOCATED ON 9.74 ACRES ZONED A-1				
LOCATION	SOUTH OF SR 46 AND EAST OF ROSS LAKE RD				
PARCEL ID	27-19-29-300-006B-0000				
BCC DISTRICT	5-CAREY				

ITEM NO: 2	DR - SUBDIVISIONS	PROJ NO	13-5500010	TIME	9:20 AM
PROJECT NAME	MCNEIL ROAD SUBDIVISION - PSP	PROJECT MANAGER		BRIAN WALKER	(407) 665-7337
APPLICANT	AMERICAN CIVIL ENGINEERING	JOHN HERBERT, P.E.		(407) 327-7700	
PROJECT DESC	PRELIMINARY SUBDIVISION PLAN APPROVAL FOR A 2 LOT SUBDIVISION LOCATED ON .89 ACRES ZONED R1AAA				
LOCATION	NORTH SIDE OF MCNEIL RD EAST OF TEAGUE MIDDLE SCHOOL				
PARCEL ID	17-21-29-5BG-0000-042H, 17-21-29-5BG-042B				
BCC DISTRICT	3-CONSTANTINE				

ITEM NO: 3	DR - SUBDIVISIONS	PROJ NO	13-05500011	TIME	9:40 AM
PROJECT NAME	LAKE MARKHAM LANDINGS - PSP	PROJECT MANAGER		BRIAN WALKER	(407) 665-7337
APPLICANT	STANDARD PACIFIC OF FLORIDA GP	MADDEN, MOORHEAD & GLUNT, INC.		(407) 629-8330	
PROJECT DESC	PRELIMINARY SUBDIVISION PLAN APPROVAL FOR A 46 LOT SUBDIVISION LOCATED ON 61.40 ACRES ZONED PUD				
LOCATION	NORTH SIDE OF MARKHAM RD EAST OF LONGWOOD MARKHAM RD				
PARCEL ID	34-19-29-300-0020-0000				
BCC DISTRICT	5-CAREY				

ITEM NO: 4	PZ - PD	PROJ NO	13-20500011	TIME	10:00 AM
PROJECT NAME	LAKE MARKHAM LANDINGS FINAL DEVELOPMENT PLAN	PROJECT MANAGER		BRIAN WALKER	(407) 665-7337
APPLICANT	STANDARD PACIFIC OF FLORIDA GP	MADDEN, MOORHEAD & GLUNT, INC.		(407) 629-8330	
PROJECT DESC	FINAL DEVELOPMENT PLAN APPROVAL FOR A 46 LOT SUBDIVISION LOCATED ON 61.40 ACRES ZONED PUD				
LOCATION	NORTH SIDE OF MARKHAM RD EAST OF LONGWOOD MARKHAM RD				
PARCEL ID	34-19-29-300-0020-0000				
BCC DISTRICT	5-CAREY				

Notice to Applicant: A copy of the staff comments and recommendations will be emailed to the applicant and the consultant **by 12:00 noon on the Tuesday before the scheduled meeting.** If you have any questions, please contact the Planning and Development Division at (407) 665-7331. **If you intend to have an attorney present, please notify your project manager before the meeting date.**

After review of the comments, the applicant may not need to meet with the staff in a group. If so, please contact the Planning and Development Division so the agenda may be adjusted accordingly.

Thank you.



SEMINOLE COUNTY GROWTH MANAGEMENT
PLANNING & DEVELOPMENT DIVISION
1101 EAST FIRST STREET ROOM 2028
SANFORD, FL 32771
(407) 665-7441 PHONE (407) 665-7385 FAX
www.seminolecountyfl.gov/gm

APPLICANT INFORMATION

13-05500009

APPLICANT: NATALIE SHARK	CONTACT: Same
ADDRESS: 7925 W SR 46	
CITY: SANFORD	STATE: Florida ZIP: 32771
PHONE: 407-878-6773	FAX: EMAIL: SHARK.NATALIE@GMAIL.COM ISAACSHARK@GMAIL.COM

CONSULTANT INFORMATION

ENGINEER/SURVEYOR: RCE Consultants, LLC	CONTACT: Larry Poliner, P.E.
ADDRESS: 617 Arvern Drive	
CITY: Altamonte Springs	STATE: Florida ZIP: 32701
PHONE: 407-452-8633	FAX: EMAIL: rceconsultants@cfl.rr.com

OWNER INFORMATION

IS OWNER'S AUTHORIZATION ATTACHED? YES ☐ NO ☐

OWNER: Same as Applicant	CONTACT:
ADDRESS:	
CITY:	STATE: ZIP:
PHONE:	FAX: EMAIL:

SUBDIVISION INFORMATION

- 0000

PARCEL ID #: 27-19-29-300-006B & 006D-0000	
PROJECT NAME: SANTA RESERVE PSP	
DESCRIPTION OF PROJECT: 6 LOT SUBDIVISION	
LOCATION: 7925 W SR 46	
NUMBER OF LOTS: 6	TOTAL ACREAGE: 9.74
ZONING: A-1	FUTURE LAND USE: SE BCC 5-Carey

UTILITIES

WATER PROVIDER: Seminole County <input checked="" type="checkbox"/>	SEWER PROVIDER: Septic In the Seminole Co sewer SVC area go
IS PROPERTY SERVED BY WELL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS PROPERTY SERVED BY SEPTIC? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	FEE ATTACHED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

ARBOR

Assessed on project Fee Schedule go

ARE ANY TREES BEING REMOVED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ARBOR PERMIT APPLICATION ATTACHED: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	FEE ATTACHED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

Power - FPL

Phone - AT&T

FEES

- ☐ **DEVELOPMENT PLAN** --- \$250.00 + \$5.00 PER LOT
- ☒ **PRELIMINARY PLAN** --- \$1,000.00 + \$15.00 PER LOT (\$2,270.00 MAXIMUM FEE)
- ☐ **FINAL ENGINEERING PLAN** --- \$3,500.00 + \$25.00 PER LOT (\$5,300.00 MAXIMUM FEE)
- ☐ **FINAL PLAT ASSOCIATED WITH FINAL ENGINEERING** --- \$200.00*
- *A PLAT SUBMITTED AS A SEPARATE REVIEW FROM THE FINAL ENGINEERING REQUIRES A \$200.00 FEE FOR EACH SUBMITTAL
- ☐ **FINAL PLAT** --- (IF NO FINAL ENGINEERING IS REQUIRED) \$1,750.00 + \$25.00 PER LOT
- ☐ **MINOR PLAT** ---- \$1,000.00 + \$75.00 PER LOT (MAXIMUM 4 LOTS/RESIDENTIAL – MAXIMUM 2 LOTS/COMMERCIAL)

CONCURRENCY REVIEW MANAGEMENT SYSTEM: (Please check one.)

- ☒ I elect to defer the Concurrency Review determination for the above listed property until a point as late as Final Engineering Submittal. (Minor Plat and Final Engineering require Concurrency Test Review.) I further specifically acknowledge that any proposed development on the subject property will be required to undergo Concurrency Review and meet all Concurrency requirements in the future.
- ☐ I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issued and unexpired Certificate of Vesting or prior Concurrency determination as identified below: (Please attach a copy of the Certificate of Vesting or Prior Test/Concurrency Notice.)
Vesting Certificate/Test Notice Number: _____ Date issued: _____
- ☐ Concurrency Application and appropriate fee is attached. I wish to encumber capacity at an early point in the development process and understand that only upon approval of the development order and full payment of applicable facility reservation fees is a Certificate of Concurrency issued and entered into the Concurrency Management Monitoring System.

I understand that the application for subdivision plan review must include all required submittals as specified in Chapter 35, Part 4, of the Seminole County Land Development Code. Submission of incomplete plans may create delays in review and plan approval. The review fee provides for two plan reviews. Additional reviews will require an additional fee.

Applicant's Signature:  Date: 3/22/13

OFFICIAL USE	
PROJECT #:	PLANNER ASSIGNED:

**APPLICATION FOR SUBDIVISION PLAN REVIEW**

SEMINOLE COUNTY GOVERNMENT
DEVELOPMENT REVIEW DIVISION
1101 EAST FIRST STREET
SANFORD FL 32771-1468
(407) 665-7331

APPLICANT INFORMATION

13-05500010

APPLICANT: TIRLOCHAN CHEHAL	CONTACT: SHIVON PATEL, ESQ
ADDRESS: 7025 CRH66, STE 1071, PMB 353	
CITY: LAKE MARY	STATE: FL ZIP: 32746
PHONE: 407-322-3003	FAX: 407-322-3505 EMAIL: shivona@principallaw.net

CONSULTANT INFORMATION

ENGINEER/SURVEYOR: AMERICAN CIVIL ENGINEERING CO.	CONTACT: JOHN HERBERT, P.E.
ADDRESS: 207 N. MOSS RD. SUITE 211	
CITY: WINTER SPRINGS	STATE: FL ZIP: 32708
PHONE: 407.327.7700	FAX: 407.327.0227 EMAIL: herbertace@yahoo.com

OWNER INFORMATIONOWNER'S AUTHORIZATION ATTACHED: YES ☒ NO ☐

OWNER: TIRLOCHAN CHEHAL	CONTACT: See above
ADDRESS: same as above	
CITY:	STATE: ZIP:
PHONE:	FAX: EMAIL:

SUBDIVISION INFORMATION<http://www.seminolecountyfl.gov/pd/devrev/subdivsummary.asp>

PARCEL ID #: 17-21-29-5B9-0000-042H	
PROJECT NAME: MCNEIL ROAD (1324)	
DESCRIPTION OF PROJECT: Parcel & adjoining lot were rezoned & now both need re-plat.	
LOCATION: 1324 McNeil Rd, Alt. Spgs, FL 32714	
NUMBER OF LOTS: 1	TOTAL ACREAGE: .51
ZONING: R-1AAA	FUTURE LAND USE: Residential

BCC. 3. Constantine

UTILITIES

WATER PROVIDER: Seminole County	SEWER PROVIDER: Seminole County
IS PROPERTY SERVED BY WELL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS PROPERTY SERVED BY SEPTIC? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	FEE ATTACHED: YES <input type="checkbox"/> NO <input type="checkbox"/>

ARBOR

ARE ANY TREES BEING REMOVED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
ARBOR PERMIT APPLICATION ATTACHED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

RECEIVED MAR 25 2013

FEES

http://www.seminolecountyfl.gov/pd/planreview_calc.asp

- ☐ DEVELOPMENT PLAN --- \$250.00 + \$5.00 PER LOT
- ☒ PRELIMINARY PLAN --- \$1,000.00 + \$15.00 PER LOT (\$2,270.00 MAXIMUM FEE WITH 1ST SUBMITTAL)
- ☐ FINAL ENGINEERING PLAN --- \$3,500.00 + \$25.00 PER LOT (\$5,300.00 MAXIMUM FEE WITH 1ST SUBMITTAL)
- ☐ FINAL PLAT --- (FEE SHOULD BE PAID WITH FINAL ENGINEERING), IF NO ENGINEERING NEEDED \$1,750.00 + \$25.00 PER LOT (NOTE: IF FINAL ENGINEERING IS ALREADY PAID, \$200.00 EACH SUBMITTAL)
- ☐ MINOR PLAT ---- \$1,000.00 + \$75.00 PER LOT (MAXIMUM 4 LOTS/RESIDENTIAL – MAXIMUM 2 LOTS/COMMERCIAL)

CONCURRENCY REVIEW MANAGEMENT SYSTEM: (Please check one.)

<http://www.seminolecountyfl.gov/pd/devrev/concurrency.asp>

- ☒ I elect to defer the Concurrency Review determination for the above listed property until a point as late as Final Engineering Submittal. (Minor Plat and Final Engineering require Concurrency Test Review.) I further specifically acknowledge that any proposed development on the subject property will be required to undergo Concurrency Review and meet all Concurrency requirements in the future.
- ☐ I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issued and unexpired Certificate of Vesting or prior Concurrency determination as identified below: (Please attach a copy of the Certificate of Vesting or Prior Test/Concurrency Notice.) Vesting Certificate/Test Notice Number: _____ Date issued: _____
- ☐ Concurrency Application and appropriate fee is attached. I wish to encumber capacity at an early point in the development process and understand that only upon approval of the development order and full payment of applicable facility reservation fees is a Certificate of Concurrency issued and entered into the Concurrency Management Monitoring System.

I understand that the application for subdivision plan review must include all required submittals as specified in Chapter 35, Part 4, of the Seminole County Land Development Code. Submission of incomplete plans may create delays in review and plan approval. The review fee provides for two plan reviews. Additional reviews will require an additional fee.

Applicant's Signature: *J. Chelral* Date: 3/13/12

OFFICIAL USE	
PROJECT #:	PLANNER ASSIGNED:

SEMINOLE COUNTY
APPLICATION & AFFIDAVIT

Ownership Disclosure Form

The owner of the real property associated with this application is a (check one)

- ☒ Individual ☐ Corporation ☐ Land Trust
☐ Limited Liability Company ☐ Partnership
☐ Other (describe): _____

1. List all **natural persons** who have an ownership interest in the property, which is the subject matter of this petition, by name and address.

NAME	ADDRESS	PHONE NUMBER
TIRLOCHAN S	1324 MCNEIL ROAD	407-322-3003
HARJINDER CHEHAL	ALT. SPQS, FL 32714	

(Use additional sheets for more space.)

2. For each **corporation**, list the name, address, and title of each officer; the name and address of each director of the corporation; and the name and address of each shareholder who owns two percent (2%) or more of the stock of the corporation. Shareholders need not be disclosed if a corporation's stock are traded publicly on any national stock exchange.

NAME	TITLE OR OFFICE	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

3. In the case of a **trust**, list the name and address of each trustee and the name and address of the beneficiaries of the trust and the percentage of interest of each beneficiary. If any trustee or beneficiary of a trust is a corporation, please provide the information required in paragraph 2 above.

Trust Name: _____

NAME	TRUSTEE OR BENEFICIARY	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

4. For **partnerships**, including limited partnerships, list the name and address of each principal in the partnership, including general or limited partners. If any partner is a corporation, please provide the information required in paragraph 2 above.

NAME	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

5. For each **limited liability company**, list the name, address, and title of each manager or managing member; and the name and address of each additional member with two percent (2%) or more membership interest. If any member with two percent (2%) or more membership interest, manager, or managing member is a corporation, trust or partnership, please provide the information required in paragraphs 2, 3 and/or 4 above.

Name of LLC: _____

NAME	TITLE	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

6. In the circumstances of a **contract for purchase**, list the name and address of each contract purchaser. If the purchaser is a corporation, trust, partnership, or LLC, provide the information required for those entities in paragraphs 2, 3, 4 and/or 5 above.

Name of Purchaser: _____

NAME	ADDRESS	% OF INTEREST

Date of Contract: _____

Please specify any contingency clause related to the outcome of the consideration of the application.

6. As to any type of owner referred to above, a change of ownership occurring subsequent to this application, shall be disclosed in writing to the Planning and Development Director prior to the date of the public hearing on the application.
7. I affirm that the above representations are true and are based upon my personal knowledge and belief after all reasonable inquiry. I understand that any failure to make mandated disclosures is grounds for the subject rezone, future land use amendment, special exception, or variance involved with this Application to become void. I certify that I am legally authorized to execute this Application and Affidavit and to bind the Applicant to the disclosures herein.

Date 3/13/13

Tirudhan Chehal
Owner, Agent, Applicant Signature

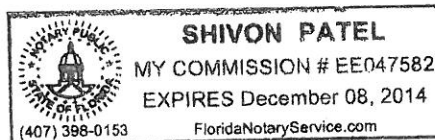
STATE OF FLORIDA
COUNTY OF SEMINOLE

Sworn to (or affirmed) and subscribed before me by TIRUDHAN CHEHAL, on this 13th day of MARCH, 2013.
Owner, Agent, Applicant Name

[Signature]
Signature of Notary Public

Print, Type or Stamp Name of Notary Public

Personally Known ☒ OR Produced Identification ☐
Type of Identification Produced _____



SEMINOLE COUNTY APPLICANT AUTHORIZATION FORM (ORIGINAL ONLY)

An authorized applicant is defined as:

- The property owner of record; or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchaser (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

I TIRLOCHAN CHEHAL, the fee simple owner of the following
(Owner's Name)

described property (Provide Legal Description or Tax Parcel ID Number(s) 17-21-29-SB9-0000-042H,
1324 MCNEIL RD, ALT. SP95, R 32714

hereby affirm that TIRLOCHAN CHEHAL is hereby designated to act as
my / our authorized agent for the filing of the attached application for: Plat Application & Subdivision Review

CIRCLE ONE: *Development Plan; Special Exception; Variance; Vacate; Special Event Permit; Temporary Use Permit; Arbor Permit.*

and make binding statements and commitments regarding the request.

T. Chehal
Owner's Signature

I certify that I have examined the application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments and fees become part of the Official Records of Seminole County, Florida and are not returnable.

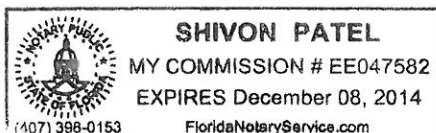
SWORN TO AND SUBSCRIBED before me this 13th day of March, 20 13.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared TIRLOCHAN CHEHAL, who is personally known to me or who has produced _____ as identification and who executed the foregoing instrument and sworn an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 13th day of March, 20 13.

[Signature]
Notary Public in and for the County and State
Aforementioned

My Commission Expires: 12/8/14



**APPLICATION FOR SUBDIVISION PLAN REVIEW**

SEMINOLE COUNTY GOVERNMENT
DEVELOPMENT REVIEW DIVISION
1101 EAST FIRST STREET
SANFORD FL 32771-1468
(407) 665-7331

APPLICANT INFORMATION

APPLICANT: DAVID R. AMBROSE CONTACT: SHIVON PATEL, ESQ.
ADDRESS: 7025 CR46A, STE 1071, PMB 353
CITY: LAKE MARY STATE: FL ZIP: 32746
PHONE: 407-322-3003 FAX: 407-322-3505 EMAIL: shivona@principallaw.net

CONSULTANT INFORMATION

ENGINEER/SURVEYOR: AMERICAN CIVIL ENGINEERING CO. CONTACT: JOHN HERBERT, P.E.
ADDRESS: 207 N. MOSS RD., SUITE 211
CITY: WINTER SPRINGS STATE: FL ZIP: 32708
PHONE: 407-327-7700 FAX: 407-327-0227 EMAIL: herbertace@yahoo.com

OWNER INFORMATIONOWNER'S AUTHORIZATION ATTACHED: YES ☒ NO ☐

OWNER: DAVID R. AMBROSE CONTACT: See above
ADDRESS: Same as above.
CITY: STATE: ZIP:
PHONE: FAX: EMAIL:

SUBDIVISION INFORMATION<http://www.seminolecountyfl.gov/pd/devrev/subdivsummary.asp>

PARCEL ID #: 17-21-29-5B9-0000-042B
PROJECT NAME: MCNEIL ROAD (1324)
DESCRIPTION OF PROJECT: Parcel & adjoining lot were rezoned & now both need re-plat.
LOCATION: 401 Teague Middle School Dr., Alt. Spgs, FL 32714
NUMBER OF LOTS: 1 TOTAL ACREAGE: .38
ZONING: R-1AAA FUTURE LAND USE: residential

UTILITIES

WATER PROVIDER: SEWER PROVIDER:
IS PROPERTY SERVED BY WELL? YES ☒ NO ☐
IS PROPERTY SERVED BY SEPTIC? YES ☒ NO ☐ FEE ATTACHED: YES ☐ NO ☐

ARBOR

ARE ANY TREES BEING REMOVED? YES ☐ NO ☒
ARBOR PERMIT APPLICATION ATTACHED: YES ☐ NO ☒

RECEIVED MAR 25 2013

SEMINOLE COUNTY
APPLICATION & AFFIDAVIT

Ownership Disclosure Form

The owner of the real property associated with this application is a (check one)

- ☒ Individual ☐ Corporation ☐ Land Trust
☐ Limited Liability Company ☐ Partnership
☐ Other (describe): _____

1. List all **natural persons** who have an ownership interest in the property, which is the subject matter of this petition, by name and address.

NAME	ADDRESS	PHONE NUMBER
DAVID R. AMBROSE	401 TEAGUE MIDDLE SCHOOL DR. ALT. SPGS, FL 32714	407-322-3003

(Use additional sheets for more space.)

2. For each **corporation**, list the name, address, and title of each officer; the name and address of each director of the corporation; and the name and address of each shareholder who owns two percent (2%) or more of the stock of the corporation. Shareholders need not be disclosed if a corporation's stock are traded publicly on any national stock exchange.

NAME	TITLE OR OFFICE	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

3. In the case of a **trust**, list the name and address of each trustee and the name and address of the beneficiaries of the trust and the percentage of interest of each beneficiary. If any trustee or beneficiary of a trust is a corporation, please provide the information required in paragraph 2 above.

Trust Name: _____

NAME	TRUSTEE OR BENEFICIARY	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

4. For **partnerships**, including limited partnerships, list the name and address of each principal in the partnership, including general or limited partners. If any partner is a corporation, please provide the information required in paragraph 2 above.

NAME	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

5. For each **limited liability company**, list the name, address, and title of each manager or managing member; and the name and address of each additional member with two percent (2%) or more membership interest. If any member with two percent (2%) or more membership interest, manager, or managing member is a corporation, trust or partnership, please provide the information required in paragraphs 2, 3 and/or 4 above.

Name of LLC: _____

NAME	TITLE	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

6. In the circumstances of a **contract for purchase**, list the name and address of each contract purchaser. If the purchaser is a corporation, trust, partnership, or LLC, provide the information required for those entities in paragraphs 2, 3, 4 and/or 5 above.

Name of Purchaser: _____

NAME	ADDRESS	% OF INTEREST

Date of Contract: _____

Please specify any contingency clause related to the outcome of the consideration of the application.

6. As to any type of owner referred to above, a change of ownership occurring subsequent to this application, shall be disclosed in writing to the Planning and Development Director prior to the date of the public hearing on the application.
7. I affirm that the above representations are true and are based upon my personal knowledge and belief after all reasonable inquiry. I understand that any failure to make mandated disclosures is grounds for the subject rezone, future land use amendment, special exception, or variance involved with this Application to become void. I certify that I am legally authorized to execute this Application and Affidavit and to bind the Applicant to the disclosures herein.

3/14/13
Date

David R. Ambrose
Owner/Agent, Applicant Signature

STATE OF FLORIDA

COUNTY OF SEMINOLE

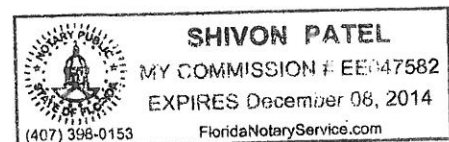
Sworn to (or affirmed) and subscribed before me by DAVID R. AMBROSE, on this 13th day of MARCH, 2013.
Owner, Agent, Applicant Name

Shivon Patel
Signature of Notary Public

Print, Type or Stamp Name of Notary Public

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____



SEMINOLE COUNTY APPLICANT AUTHORIZATION FORM (ORIGINAL ONLY)

An authorized applicant is defined as:

- The property owner of record; or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchaser (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

I DAVID R. AMBROSE, the fee simple owner of the following
(Owner's Name)

described property (Provide Legal Description or Tax Parcel ID Number(s)) 17-21-29-5B4-0000-042B

hereby affirm that DAVID R. AMBROSE is hereby designated to act as
my / our authorized agent for the filing of the attached application for: PLAT Application & Subdivision Plan
CIRCLE ONE: Development Plan; Special Exception; Variance; Vacate; Special Event Permit; Temporary
Use Permit; Arbor Permit.

and make binding statements and commitments regarding the request.

[Signature]
Owner's Signature

I certify that I have examined the application and that all statements and diagrams submitted are true and
accurate to the best of my knowledge. Further, I understand that this application, attachments and fees
become part of the Official Records of Seminole County, Florida and are not returnable.

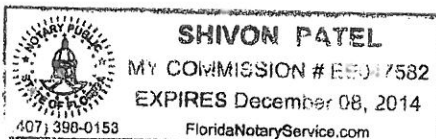
SWORN TO AND SUBSCRIBED before me this 13th day of March, 20 13.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County
aforesaid to take acknowledgments, personally appeared David R. Ambrose, who is
personally known to me or who has produced _____ as identification and who executed
the foregoing instrument and sworn an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 13th day of
March, 20 13.

[Signature]
Notary Public in and for the County and State
Aforementioned

My Commission Expires: 12/8/14





SEMINOLE COUNTY GROWTH MANAGEMENT
PLANNING & DEVELOPMENT DIVISION
1101 EAST FIRST STREET ROOM 2028
SANFORD, FL 32771
(407) 665-7441 PHONE (407) 665-7385 FAX
www.seminolecountyfl.gov/gm

13 - 5500013

APPLICANT INFORMATION

APPLICANT: Standard Pacific of Florida GP, Inc.	CONTACT: Andrew Abel
ADDRESS: 558 W. New England Ave., Ste. 250	
CITY: Winter Park	STATE: FL ZIP: 32789
PHONE: 407-645-6555	FAX: 407-645-6535 EMAIL: dabel@stanpac.com

CONSULTANT INFORMATION

ENGINEER/SURVEYOR: Madden, Moorhead + Glunt, Inc.	CONTACT: Chad Moorhead
ADDRESS: 431 E. Horatio Ave., Ste. 260	
CITY: Maitland	STATE: FL ZIP: 32751
PHONE: 407-629-8330	FAX: 407-629-8336 EMAIL: chad@madden-eng.com

OWNER INFORMATION

IS OWNER'S AUTHORIZATION ATTACHED? YES ☐ NO ☐

OWNER: Linda H. McEwan + Barbara H. Jones	CONTACT:
ADDRESS: c/o 1905 Biscayne Dr.	
CITY: Orlando	STATE: FL ZIP: 32804
PHONE:	FAX: EMAIL:

SUBDIVISION INFORMATION

PARCEL ID #:	34-19-29-300-0020-0000
	34-19-29-300-0030-0000
PROJECT NAME:	Lake Markham Landings
DESCRIPTION OF PROJECT:	46 single family lots
LOCATION:	North side of Markham Rd., east of Longwood Markham Road
NUMBER OF LOTS:	46
TOTAL ACREAGE:	61.40
ZONING:	PUD
FUTURE LAND USE:	SE

UTILITIES

WATER PROVIDER: Seminole County	SEWER PROVIDER: Seminole County
IS PROPERTY SERVED BY WELL?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
IS PROPERTY SERVED BY SEPTIC?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
FEE ATTACHED:	YES <input type="checkbox"/> NO <input type="checkbox"/>

ARBOR

ARE ANY TREES BEING REMOVED?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
ARBOR PERMIT APPLICATION ATTACHED:	YES <input type="checkbox"/> NO <input type="checkbox"/>
FEE ATTACHED:	YES <input type="checkbox"/> NO <input type="checkbox"/>

FEES

- ☐ **DEVELOPMENT PLAN** --- \$250.00 + \$5.00 PER LOT
- ☒ **PRELIMINARY PLAN** --- \$1,000.00 + \$15.00 PER LOT (\$2,270.00 MAXIMUM FEE)
- ☐ **FINAL ENGINEERING PLAN** --- \$3,500.00 + \$25.00 PER LOT (\$5,300.00 MAXIMUM FEE)
- ☐ **FINAL PLAT ASSOCIATED WITH FINAL ENGINEERING** --- \$200.00*
- *A PLAT SUBMITTED AS A SEPARATE REVIEW FROM THE FINAL ENGINEERING REQUIRES A \$200.00 FEE FOR EACH SUBMITTAL
- ☐ **FINAL PLAT** --- (IF NO FINAL ENGINEERING IS REQUIRED) \$1,750.00 + \$25.00 PER LOT
- ☐ **MINOR PLAT** --- \$1,000.00 + \$75.00 PER LOT (MAXIMUM 4 LOTS/RESIDENTIAL – MAXIMUM 2 LOTS/COMMERCIAL)

CONCURRENCY REVIEW MANAGEMENT SYSTEM: (Please check one.)

- ☒ I elect to defer the Concurrency Review determination for the above listed property until a point as late as Final Engineering Submittal. (Minor Plat and Final Engineering require Concurrency Test Review.) I further specifically acknowledge that any proposed development on the subject property will be required to undergo Concurrency Review and meet all Concurrency requirements in the future.
- ☐ I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issued and unexpired Certificate of Vesting or prior Concurrency determination as identified below: (Please attach a copy of the Certificate of Vesting or Prior Test/Concurrency Notice.)
Vesting Certificate/Test Notice Number: _____ Date issued: _____
- ☐ Concurrency Application and appropriate fee is attached. I wish to encumber capacity at an early point in the development process and understand that only upon approval of the development order and full payment of applicable facility reservation fees is a Certificate of Concurrency issued and entered into the Concurrency Management Monitoring System.

I understand that the application for subdivision plan review must include all required submittals as specified in Chapter 35, Part 4, of the Seminole County Land Development Code. Submission of incomplete plans may create delays in review and plan approval. The review fee provides for two plan reviews. Additional reviews will require an additional fee.

Applicant's Signature: **X**

Andrew Abel

Date: *3/19/13*

Andrew Abel, Director of Land Development

OFFICIAL USE	
PROJECT #:	PLANNER ASSIGNED:



SEMINOLE COUNTY
PLANNING & DEVELOPMENT DIVISION
1101 EAST FIRST STREET ROOM 2028
SANFORD, FL 32771
(407) 665-7441 PHONE (407) 665-7385 FAX

13-20500011

PROJ # _____

PZ # _____

Effective 2013, applicants are required to submit plan amendment and rezone application via the County's Electronic Plan Review (ePlan) process.

APPLICATION TO THE SEMINOLE COUNTY
PLANNING & ZONING COMMISSION / LOCAL PLANNING AGENCY AND BOARD OF COMMISSIONERS

Applications to the Seminole County Planning & Zoning Commission / Local Planning Agency and Board of County Commissioners shall include **all applicable items listed in the Application Submittal Checklist**. No application will be scheduled for Development Review Committee (DRC) consideration until a complete application (including all information requested below) has been received by the Planning & Development Division.

APPLICATION SUBMITTAL CHECKLIST:

- ___ COPY OF PRE-APPLICATION REVIEW INFORMATION, IF APPLICABLE
- ___ PROPERTY OWNER PRINTOUT FROM PROPERTY APPRAISER'S WEBSITE
- ___ PROPERTY OWNER'S AUTHORIZATION FORM (ADDITIONAL DOCUMENTATION REQUIRED IF OWNER IS A TRUST OR CORPORATION)
- ___ OWNERSHIP DISCLOSURE FORM (ADDITIONAL DOCUMENTATION REQUIRED IF OWNER IS A TRUST OR CORPORATION)
- ___ SCHOOL IMPACT ANALYSIS (CONTACT SCHOOL BOARD FOR APPLICATION)
- ___ CONCURRENCY APPLICATION/DEFERRAL AFFIDAVIT AND FEE IF REQUIRED \$ _____
- ___ BOUNDARY SURVEY
- ___ ELECTRONIC LEGAL DESCRIPTION IN DIGITAL WORD FORMAT (COMPACT DISK OR EMAIL ONLY)
- ___ FINAL DEVELOPMENT PLAN REQUIRES A DRAFT DCA IN DIGITAL WORD FORMAT (COMPACT DISK OR EMAIL ONLY)
- ___ REZONING TO PD, OP, RP, RM-2, RM-3, R-3, R-3A, R-4 AND MYRTLE STREET CONSERVATION VILLAGE REQUIRES A MASTER DEVELOPMENT PLAN.
- ___ APPLICATION FEE \$ _____

APPLICATION TYPE – PLEASE CHECK ALL THAT APPLY

- ___ LARGE SCALE FUTURE LAND USE AMENDMENT (LSFLUA) FROM: _____ TO: _____
- ___ SMALL SCALE FUTURE LAND USE AMENDMENT (SSFLUA) FROM: _____ TO: _____
- ___ PLANNED DEVELOPMENT AMENDMENT TO EXISTING PD (LS/SSFLUA) FROM: _____ TO: _____

NOTE: ATTACHMENT "A" & ALL SUPPORT MATERIALS MUST BE SUBMITTED FOR FUTURE LAND USE MAP AMENDMENTS.

- ___ REZONING (WITHOUT SITE PLAN) FROM: _____ TO: _____
- ___ REZONING TO PD, OP, RP, RM-2, RM-3, R-3, R-3A, or R-4 FROM: _____ TO: _____
- ___ PUD/PCD or PD MAJOR AMENDMENT
- ___ PUD/PCD or PD MINOR AMENDMENT
- ☒ PD FINAL DEVELOPMENT PLAN
- ___ DEVELOPMENT OF REGIONAL IMPACT (DRI) or DRI NOPC
- ___ MYRTLE STREET CONSERVATION VILLAGE

PROPERTY OWNER / AUTHORIZED AGENT INFORMATION		
	PROPERTY OWNER	AUTHORIZED AGENT *
NAME	Linda H. McEwan + Barbara H. Jones	Standard Pacific of Florida GP, Inc. Andrew Abel Director of Land Development
IF THE OWNER IS A CORPORATION OR TRUST, GIVE THE NAME AND TITLE OF THE PERSON WHO CAN LEGALLY SIGN ON BEHALF OF THE CORPORATION AND PROVIDE DOCUMENTATION THAT THEY HAVE LEGAL AUTHORITY :		
ADDRESS	c/o 1905 Biscayne Dr. Orlando, FL 32804	558 W. New England Ave. Ste. 250 Winter Park, FL 32789
PHONE 1		407-645-6555
PHONE 2		
FAX		407-645-6535
E-MAIL		dabel@stanpac.com
If you have a consultant that is not listed on the application and you would like us to contact them directly and give them the DRC comments, provide their contact information on a separate sheet, otherwise any questions and/or comments will be directed to the property owner or authorized agent listed above.		

* Proof of property owner's authorization is required with submittal if signed by authorized agent.

NAME AND PHONE NUMBER OF PERSON WHO WILL POST PLACARD Chad Moorhead
407-629-8330

PROJECT INFORMATION	
PROJECT NAME	Lake Markham Landings
SITE ADDRESS	Longwood Markham Road
BCC DISTRICT	
EXISTING USE(S)	Vacant
PROPOSED USE(S)	Single family residential
PROPERTY ID NUMBER(S)	34-19-29-300-0020-0000 34-19-29-300-003C-0000
SIZE OF PROPERTY	61.40 acres
GENERAL LOCATION	Northside of Markham Rd., east of Longwood Markham Road
SOURCE OF WATER	Seminole County
SOURCE OF SEWER	Seminole County
RECLAIM WATER PROVIDER	Seminole County

CONCURRENCY REVIEW MANAGEMENT SYSTEM (PLEASE CHECK ONE)

✓	I elect to defer the Concurrency Review that is required by Chapter 163, Florida Statutes, per Seminole County's Comprehensive Plan for the above listed property until a point as late as Site Plan and/or Final Engineering submittals for this proposed development plan. I further specifically acknowledge that any proposed development on the subject property will be required to undergo Concurrency Review and meet all Concurrency requirements in the future. PD Final Site Plan/PD Final Site Plan Amendment may not defer.	
	I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issued Certificate of Vesting or a prior Concurrency determination (Test Notice issued within the past (two years) as identified below: (Please attach a copy of the Certificate of Vesting or Test Notice.)	
	<u>TYPE OF CERTIFICATE:</u> VESTING: TEST NOTICE:	<u>CERTIFICATE NUMBER:</u> CV- _____ _____ <u>DATE ISSUED:</u> _____ _____
	Concurrency Application and appropriate fee are attached. I wish to encumber capacity at an early point in the development process and understand that only upon approval of the development order and the full payment of applicable facility reservation fees is a Certificate of Concurrency issued and entered into the Concurrency Management monitoring system.	


By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge, and understand that deliberate misrepresentation of such information may be grounds for denial or reversal of this application and / or revocation of any approval based upon this application.

I hereby authorize County staff to enter upon the subject property at any reasonable time for the purposes of investigating and reviewing this request. I also hereby agree to place a public notice sign (placard) on the subject property at a location(s) to be determined by County staff.

I further acknowledge that Seminole County may not defend any challenge to my proposed future land use amendment / rezoning and related development approvals, and that it may be my sole obligation to defend any and all actions and approvals, which authorize the use or development of the subject property. Submission of this form initiates a process and does not imply approval by Seminole County or any of its boards, commissions or staff.

I further acknowledge that I have read the information contained in this application form pertaining to proposed amendments to the official zoning map, official Future Land Use map, and / or comprehensive plan and have had sufficient opportunity to inquire with regard to matters set forth therein and, accordingly, fully understand all applicable procedures and matters relating to this application.

I hereby represent that I have the lawful right and authority to file this application.


3/19/13

SIGNATURE OF AUTHORIZED APPLICANT*
DATE

* Proof of property owner's authorization is required with submittal if signed by someone other than the property owner.

Andrew Abel, Director of Land Development

PRINT OR TYPE NAME

SEMINOLE COUNTY APPLICANT AUTHORIZATION FORM
(ORIGINAL ONLY)

An authorized applicant is defined as:

- The property owner of record; or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchaser (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

I Linda H. McEwan & Barbara H. Jones, the fee simple owner of the following
(Owner's Name)

described property (Provide Legal Description or Tax Parcel ID Number(s))
34-19-29-300-0020-0000, 34-19-29-300-003C-0000

hereby affirm that Standard Pacific of Florida GP, Inc. is hereby designated to act as
my / our authorized agent for the filing of the attached application for:

CIRCLE ONE: Development Plan; Special Exception; Variance; Vacate; Special Event Permit; Temporary
Use Permit; Arbor Permit. Rezoning

and make binding statements and commitments regarding the request.

X Linda H. McEwan X Barbara H. Jones
Linda H. McEwan Barbara H. Jones
Owner's Signature

I certify that I have examined the application and that all statements and diagrams submitted are true and
accurate to the best of my knowledge. Further, I understand that this application, attachments and fees
become part of the Official Records of Seminole County, Florida and are not returnable.

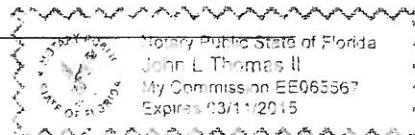
SWORN TO AND SUBSCRIBED before me this 8 day of Feb, 2013.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County
aforesaid to take acknowledgments, personally appeared Linda H. McEwan & Barbara H. Jones who is Are
personally known to me or who has produced _____ as identification and who executed
the foregoing instrument and sworn an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 8 day of
February, 2013.

[Signature]
Notary Public in and for the County and State
Aforementioned

My Commission Expires: _____



SEMINOLE COUNTY
APPLICATION & AFFIDAVIT

Ownership Disclosure Form

The owner of the real property associated with this application is a (check one)

- ☒ Individual ☐ Corporation ☐ Land Trust
☐ Limited Liability Company ☐ Partnership
☐ Other (describe): _____

1. List all **natural persons** who have an ownership interest in the property, which is the subject matter of this petition, by name and address.

NAME	ADDRESS	PHONE NUMBER
Linda H. McEwan + Barbara H. Jones	c/o 1905 Biscayne Dr. Orlando, FL 32804	

(Use additional sheets for more space.)

2. For each **corporation**, list the name, address, and title of each officer; the name and address of each director of the corporation; and the name and address of each shareholder who owns two percent (2%) or more of the stock of the corporation. Shareholders need not be disclosed if a corporation's stock are traded publicly on any national stock exchange.

NAME	TITLE OR OFFICE	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

3. In the case of a **trust**, list the name and address of each trustee and the name and address of the beneficiaries of the trust and the percentage of interest of each beneficiary. If any trustee or beneficiary of a trust is a corporation, please provide the information required in paragraph 2 above.

Trust Name: _____

NAME	TRUSTEE OR BENEFICIARY	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

4. For **partnerships**, including limited partnerships, list the name and address of each principal in the partnership, including general or limited partners. If any partner is a corporation, please provide the information required in paragraph 2 above.

NAME	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

5. For each **limited liability company**, list the name, address, and title of each manager or managing member; and the name and address of each additional member with two percent (2%) or more membership interest. If any member with two percent (2%) or more membership interest, manager, or managing member is a corporation, trust or partnership, please provide the information required in paragraphs 2, 3 and/or 4 above.

Name of LLC: _____

NAME	TITLE	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

6. In the circumstances of a **contract for purchase**, list the name and address of each contract purchaser. If the purchaser is a corporation, trust, partnership, or LLC, provide the information required for those entities in paragraphs 2, 3, 4 and/or 5 above.

Name of Purchaser: _____

NAME	ADDRESS	% OF INTEREST

Date of Contract: _____

Please specify any contingency clause related to the outcome of the consideration of the application.

6. As to any type of owner referred to above, a change of ownership occurring subsequent to this application, shall be disclosed in writing to the Planning and Development Director prior to the date of the public hearing on the application.
7. I affirm that the above representations are true and are based upon my personal knowledge and belief after all reasonable inquiry. I understand that any failure to make mandated disclosures is grounds for the subject rezone, future land use amendment, special exception, or variance involved with this Application to become void. I certify that I am legally authorized to execute this Application and Affidavit and to bind the Applicant to the disclosures herein.

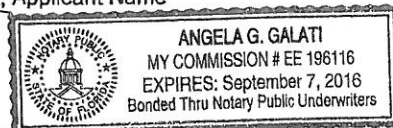
Date 3/19/13

STATE OF FLORIDA
COUNTY OF Orange

Sworn to (or affirmed) and subscribed before me by Andrew Abel, on this 19 day of March, 2013.
Owner, Agent, Applicant Name

X Andrew Abel
Owner, Agent, Applicant Signature
Standard Pacific of Florida GP, Inc.
Andrew Abel
Director of Land Development

Angela G. Galati
Signature of Notary Public



Print, Type or Stamp Name of Notary Public

Personally Known ✓ OR Produced Identification _____

Type of Identification Produced _____

**UNANIMOUS WRITTEN CONSENT
OF THE BOARD OF DIRECTORS OF
STANDARD PACIFIC OF FLORIDA GP, INC.**

The undersigned, constituting all of the directors of Standard Pacific of Florida GP, Inc., a Delaware corporation (the "Corporation"), take the following action by written consent in lieu of a meeting of the Board of Directors pursuant to Section 141(f) of the General Corporation Law of the State of Delaware:

ELECTION OF OFFICERS


RESOLVED, that the following persons hereby are elected as officers of this Corporation, to such office as appears opposite their respective names, their terms of office to commence immediately and to continue until their successors shall be duly chosen and qualified or until their earlier resignation or removal:

Scott D. Stowell	Chief Executive Officer
David Pelletz	President - Southeast Region
Jeffrey J. McCall	Principal Financial & Accounting Officer & Treasurer
Peter J. Kiesecker	Senior Vice President - Mergers & Acquisitions
Daniel A. Grosswald	Division President
Jay Lewis	Division President
Frank Messina	Division Manager
Jerry Tomberlin Jr.	Vice President - Finance
John P. Babel	Vice President & Secretary
Denise Adams	Vice President
Michelle Bogarin	Vice President
Michael C. Debock	Vice President - Land Acquisition
Paul King	Vice President
Bradley Wightman	Vice President - Construction
Michael T. Collins	Vice President - Construction
Barry Karpay	Vice President - Land Operations
Carolyn Morrison	Vice President - Sales & Marketing
Christopher Leimbach	Vice President - Sales & Marketing
Michael S. Miller	Director of Construction
→ Andrew Abel	Director of Land Development
Dana Solomon	Director of Purchasing
Russell Palka	Director of Purchasing
Brian Martin	Director of Sales & Marketing
Peter Winter	Director of Sales & Marketing
David Vazquez	Assistant Treasurer

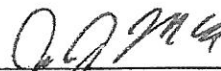
RESOLVED FURTHER, that the above-listed persons be, and each of them hereby is, authorized to negotiate, approve, execute and deliver, as designated officers of the Corporation, land purchase and option agreements, joint venture agreements, financing agreements, development, land use and other entitlement applications and agreements, and all other agreements and documents relating to the real estate development and construction business conducted by this Corporation (including in its capacity as a partner in a partnership or member of a limited liability company), and

RESOLVED FURTHER, that the foregoing persons and positions are the only officers of the Corporation at this time and any other officers of the Corporation are hereby removed from office.

IN WITNESS WHEREOF, the undersigned have executed this Unanimous Written Consent as of the 8th day of October, 2012.



Scott D. Stowell



Jeff V. McCall